

RECEIVED <sup>WP</sup>

AUG 01 2016 <sup>DC</sup>

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

TREMAIN Tyrone Williams

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Sheriff Tom Dart

Sgt. Crump (Div. 10)

Sgt. Doody (Div. 10)

Supt. Martinez (Div. 10)

Commander Clemmons (Div. 10)

Sgt. Majoch (Div. 10)  
County of Cook

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

16-cv-7782

Judge Rebecca R. Pallmeyer  
Magistrate Judge Jeffrey T. Gilbert  
PC8

**FILED**  
8/23/2016  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Tremain Tyrone Williams
- B. List all aliases: N/A
- C. Prisoner identification number: 2014 121 3039
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago, IL 60608 Div 8-RTU-3H

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Sheriff Tom Dart  
Title: Sheriff of Cook County  
Place of Employment: Cook County Jail
- B. Defendant: Supt. Martinez  
Title: Superintendent of Div 10  
Place of Employment: Cook County Jail
- C. Defendant: Commander Clemmons  
Title: Commander of Div. 10  
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

DEFENDANT (S)

D. Defendant: Sgt. Crump  
Title: Shift Sgt. Div. 10  
Place of Employment: Cook County Jail

E. Defendant: Sgt. Doody  
Title: Shift Sgt. Div. 10  
Place of Employment: Cook County Jail

F. Defendant: Sgt. Majoch  
Title: Shift Sgt. Div. 10  
Place of Employment: Cook County Jail

G. Defendant: Sgt. Houston  
Title: Shift Sgt. Div. 10  
Place of Employment: Cook County Jail

H. Defendant: Sgt. Schmolis  
Title: Shift Sgt. Div. 10  
Place of Employment: Cook County Jail



**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: <sup>①</sup> False Imprisonment / False Arrest # 13CV2078  
<sup>②</sup> EXCESSIVE FORCE / Incarcerated with Hepatitis C detainee / No Case NUMBER
- B. Approximate date of filing lawsuit: <sup>①</sup> FEB. 2015 <sup>②</sup> on or about March, 2000
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: <sup>①</sup> SELF  
<sup>②</sup> SELF
- D. List all defendants: <sup>①</sup> OFFICER SHAFFER + CHICAGO City OF  
<sup>②</sup> Correction officer LT. Ware
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): <sup>①</sup> Northern District of Illinois <sup>②</sup> Northern District of Illinois
- F. Name of judge to whom case was assigned: <sup>①</sup> Robert M. Dow Jr. <sup>②</sup> Don't remember.
- G. Basic claim made: <sup>①</sup> False Arrest / False Imprisonment  
<sup>②</sup> Police Brutality and Deliberate Indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): <sup>①</sup> Dismissed with Prejudice  
<sup>③</sup> Dismissed
- I. Approximate date of disposition: <sup>①</sup> April 7, 2015 <sup>②</sup> on or about June 2000

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**



#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On or about Dec. 12<sup>th</sup>, 2014, I entered the Cook County Jail with a gunshot wound to the (L) calf just days before. I also had hip surgery about 20 years prior which made my (R) leg 2 inches shorter than my (L) leg. Upon examination by all the doctors during the intake process I was diagnosed with severe nerve damage to my (L) calf and as a result of my prior surgery and the fact that my (R) leg is 2 inches shorter than my (L) leg, I was given a cane and ordered "use at all times" due to the severity of my physical disability. I was then sent to Division 10-4C for housing. Upon entering Tier 4C of Div. 10, my cane was immediately confiscated by the tier officer (don't remember name) stating it was against Div. 10's policy to allow canes or crutches onto the tier's deck for security reasons. I immediately explained to this officer about my medical situation, that I needed my cane for support, and that I had a prescription for it. He stated that it didn't matter what I had and I couldn't have it on the deck. I had no choice but to relinquish my cane, without penalty of being written up and sent to the segregation deck for disobeying a direct order. I immediately requested to speak to who ever was in charge. I had to endure the next 2 ~~days~~ <sup>days</sup> in agonizing pain and discomfort by being ~~forced~~ to move about without the use of my medically prescribed cane. No one adhered to my pleas. On or about Dec. 29<sup>th</sup>, 2014, during the 3pm to 11pm shift, I informed the duty officer for tier 4C and the Sgt.

Revised 9/2007

in charge for this particular evening (I can't remember either's name) that I needed my cane because the pain was becoming unbearable and my equilibrium was off and it was hard to keep my balance while walking. I was denied. I needed to take a shower after talking with these officers and while bathing, I fell hard to the floor because I had nothing to hold on to for stability and balance, thus the reason for the cane. A stretcher was sent for me whereby I was transported to Cermak Health Services and I was treated for the fall, given X-rays and transferred to Div 8-RTU. This entire incident was recorded by the cameras on the tier where I fell. I remained in ~~██████████~~ until on or about March 6th, 2015 when  
Div 8-RTU

I was subsequently sent back to Div. 10, along with a new prescription for a "cane use at all times", and housed on tier 3D. I never received any results of the X-rays taken from my fall, but I was, and still is, receiving medication for pain. Upon entering Div. 10-3D, again my cane was taken away from me.

While in Div 8-RTU, I started filing grievances for the treatment I received in Div 10, (see attached). I was sent back to Div. 10 anyway, after telling the doctors and nurses and officers of Div 8-RTU about my ordeal in Div. 10. If you look at the grievances I filed while in div. 8-RTU, you will notice that the responses were done by several different employees of the Cook County Jail, all different responses to the same complaint. Div. 10 even answered one and fabricated the truth to fit their needs. In fact, they lied.

Upon my return to Div. 10, I went through the exact same ordeal as before. I tried talking to every officer in Div 10 so they would understand the necessity of my cane. No response. I filed several more grievances (see attached). I explained to Sgt. Houston and Officer Naussburn about my fall before and I needed my (ever) →



cane, especially in the shower. I had to go without a shower for a long period of time because I was afraid of falling again, but I had no choice, I went long enough without bathing. On or about May 2nd, 2015, I entered the shower on tier 3D, without my cane or anything else for support or balance and once again I slipped and fell, hard. There was no stretcher brought for me this time, in fact, I was forced to go to the dispensary on my own accord, but allowed the use of my cane. Nurse Torres tended to me but sent me back to my unit. I was not taken to Cermak or seen by any doctor. I fell again on May 3rd and May 4th of 2015 with the exact same results. No doctor, no treatment, No Cermak.

I fell again on May 25th, 2015. This was the last straw. I filed several grievances in the month of May, and before, and after but the responses were all lies. Prior to my fall on May 25th, I had talked personally to Sgt. Johnson, Sgt. Doody, Sgt. Crump, Commander Clemmons, and Supt. Martinez, and Officer Duran. Nothing was done. I was ignored and my pleas fell on unsympathetic ears. Time went on.

On or about Jan 20th, 2016, I was in Segregation, tier 1D in Div 10. I had court this day, but when I was transferred from tier 3D to 1D my cane was left behind. I spoke to a Sgt. Schnolis and two other officers (forget their names) that I needed my cane for movement. I spoke to Sgt. Majoch and he stated he would retrieve my cane for me, but he never did. I was not issued another cane by anyone in Div 10. and was forced to hobble from Div 10 to Div. 8-RTU (1 1/2 mile in distance) without any support or assistance. I complied.

Upon return from court that afternoon we were being led down the vestibule of two flights of stairs where we are always using, I lost my balance coming down the flight stairs and fell, hard.



After all the grievances and pleas to the powers that be, this was the last straw. My life was put in jeopardy because of the policies and indifferences of the Officers of Div. 10.

My claim is this, because of the "deliberate indifference" of all parties involved in my ordeal, continuously ignoring my pleas and the doctors orders for the use of my <sup>cane</sup> ~~at~~ all times, I fell and sustained ~~several~~ several injuries not once, but 5 times. The injuries include, but not limit to, fluid on my @ knee, chronic back pain, migraine headache, sleep deprivation, vision impairment, leg pain @L, force me to move about without my cane, nightmares of falling, and fatigue. This has been a strenuous ordeal because Sheriff Deputies decided that my health and doctors orders for treatment of my medical deficiencies did not factor in to their daily duties, I never should have been housed in Div 10 with my medical "special needs", and as a result of being housed in Div. 10, I was treated with tremendous "deliberate indifference". Please take notice of EXHIBIT A. The entire answer to my last grievance was a totally false statement. The answer was dated 4-12-16, I recieved it on 4-17-16 but their claim for the latest Alert is dated on a day that did not come yet, as of the date<sup>s</sup> of response which is 4-30-16. Question, How can they make a claim about a date that hasn't come yet (18 days in the future).

Revised 9/2007

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

As a result of all of these falls and my continuous denial of my cane by all the officers of Div. 10, I ask the court to hold them all accountable for my injuries requesting compensatory and punitive damages in the amount of \$500,000.00 for "deliberate indifference". I also request pain and suffering damages in the amount of \$1,000,000.00. I also request the policies of housing with "special needs" detainees be thoroughly investigated.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 17 day of March, 2016

Tremain Williams  
(Signature of plaintiff or plaintiffs)

TREMAIN T. WILLIAMS  
(Print name)

2014 121 3039  
(I.D. Number)

P.O. Box 089002 Chicago IL 60608  
Div 8-RTU - 3H  
(Address)





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Tromain

ID Number (# de Identificación):

20141213039

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 Medical Prescription

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Supt. SR14

DATE REFERRED:

01/2/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SYSTEM CHECKED AND DOES NOT HAVE GRIEVING INMATE  
AS REQUIRING ANY ASSISTANCE OR ALERT FOR CARE.  
HE NEEDS TO PUT IN REQUEST TO SEE DOCTOR IN DISPENSARY

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LT BOTTA

SIGNATURE:

[Signature]

DIV./DEPT.

08

DATE:

1/13/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

1/22/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**!This section is to be completed by Program Services Staff - ONLY! (Para ser llenado solo por el personal de Program Services !)**

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

\* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

\* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Específico Del Incidente)

I WAS SHOT IN MY ~~LEFT~~ LEG APPROXIMATELY DEC. 18, 2014. I WAS DIAGNOSED WITH NERVE DAMAGE, AND UNABLE TO WALK WITHOUT ASSISTANCE. I WAS ORDERED TO HAVE A CANE AT ALL TIMES WHEN I WAS TRANSFERRED TO DIVISION 10. AFTER BEING ASSIGNED TO 4C MY TIER OFFICER TOOK MY CANE, AND AFTER COMPLAINING OF INCREASING PAINS ON DEC. 29, ON 4C, AND THAT I WAS LOSING MY BALANCE, I WAS NOT GIVEN MY CANE, AND SUBSEQUENTLY FELL WHILE TRYING TO URINATE, AND WAS LEFT ON THE FLOOR WITH INJURIES TO MY BACK AND HEAD. ATTENTION TO MY MEDICAL ISSUES, AND REASONS WHY MY DOCTOR'S ORDERS WAS IGNORED, ALSO TO HAVE CONTROL# FOR FUTURE REFERENCE.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

TIER OFFICER 4C/12/29/14

Tremaine Williams

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)**

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

|  |  |   |
|--|--|---|
| PRINT - INMATE LAST NAME (Apellido del Preso):<br>Williams | PRINT - FIRST NAME (Primer Nombre):<br>Tremain | ID Number (# de identificación):<br>20141213039 |
| DIVISION (División):<br>8                                  | LIVING UNIT (Unidad):<br>3F                    | DATE (Fecha):<br>2/25/2015                      |

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.  
\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.  
\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.  
\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.  
\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.  
\* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

I am resubmitting the grievance I wrote on 1-1-2015 when I fell in the inmates bathroom on 12-29-2014 in div 104C due to staff negligence, deliberately taking my cane after I told staff of my nerve damage & weak legs that were in pain. I recieved a response for my grievance I wrote on 1-14-2015 and I was not in agreement with the decision. So now I am seeking a better Response and an Control Number.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Tremain Williams

**SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.**

|   |                       |   |
|---|-----------------------|---|
| CRW / PLATOON COUNSELOR (Print):<br>Mason     | SIGNATURE:<br>S. Jean | DATE CRW/PLATOON COUNSELOR RECEIVED:<br>1-29-15 |
| SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): | SIGNATURE:            | DATE REVIEWED:<br>1-1-15                        |





**COOK COUNTY SHERIFF'S OFFICE**  
(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM**  
(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

**I This section is to be completed by Program Services staff - ONLY !** (! Para ser llenado solo por el personal de Program Services !)

**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

**REFERRED TO:**

- ☒ CERMAK HEALTH SERVICES  
☒ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

200

**INMATE INFORMATION (Información del Preso)**

|  |  |   |
|--|--|---|
| PRINT - INMATE LAST NAME (Apellido del Preso):<br>Williams | PRINT - FIRST NAME (Primer Nombre):<br>T. Williams | ID Number (# de identificación):<br>01412130-39 |
| DIVISION (División):<br>Eight                              | LIVING UNIT (Unidad):<br>3-F                       | DATE (Fecha):<br>01/21/2015                     |

**INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):**

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

*Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.*

- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

On December 29<sup>th</sup> 2014 at about 8:00 p.m. I fell from the inmates table when I was losing my balance trying to urinate. I was in Division 104 C. Due to the C.O. taking my cage key after I had just informed the staff that I had to use the toilet at all times. Due to me getting shot on December 12<sup>th</sup> 2014, which caused me some nerve damage - also making it hard for me to stand up for long or even balance myself. The staff towards blind eye in my predicament. After seeking help, I lay on the floor for 3<sup>rd</sup> hours before help came, then I was sent to Cermak where staff was never treated for my injuries causing me great pain. I am requesting to see the Doctor Denton for suffering pain & injuries caused by my fall.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

T. Williams

**SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.**

|  |                           |  |
|--|---------------------------|--|
| CRW/PLATOON COUNSELOR (Print):<br>L. Husca | SIGNATURE:<br>[Signature] | DATE CRW/PLATOON COUNSELOR RECEIVED:<br>1/6/15 |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):  | SIGNATURE:                | DATE REVIEWED:                                 |





COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Alguacil del Condado de Cook)

# INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Williams

PRINT - FIRST NAME (Primer Nombre):

Tremain

INMATE BOOKING NUMBER (# de identificación del detenido)

20141213039

DIVISION (División):

10

LIVING UNIT (Unidad):

3D

DATE (Fecha):

5-25-2015

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

5-25-2015

TIME OF INCIDENT (Hora Del Incidente)

6:37 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 10 3D Shower Area

On above date & approximate time I inmate Tremain Williams fell in the shower area & hurt my head & back, I have spoken to the following officials, Commander Clemons, Sgt Johnson, LT Johnson, Sgt Coady, Sgt Houston, Supt Martinez, Sgt Crump. I informed each of these officials that I am to have my cane at all times, to prevent falling, my requests have fail on deaf ears, causing me to continue to suffer pains & falls.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have my walking cane returned and to be sent somewhere where I can have my cane, & medical attention

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

J

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Tremain Williams

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

MCCAN

SIGNATURE:

MCCAN

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-26-15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Williams

PRINT - FIRST NAME (Primer Nombre):

Tremain

ID Number (# de identificación):

20141213039

DIVISION (División):

Eight

LIVING UNIT (Unidad):

3-F

DATE (Fecha):

2/6/2015

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

\* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

\* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

On December 29<sup>th</sup> 2014 I felt in the inmates bathroom due to start taking my walking cane that the doctor gave me, since that time I have been suffering from neck, back, & headache pains. I was given an X-Ray thirty five days later & told that I may be sent to an outside hospital, yet I remain in pain and still have not been treated with the proper medical attention, I am asking for immediate help! Please

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Tremain Williams

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

L. M. Sca

SIGNATURE:

S. J. Lee

DATE CRW/PLATOON COUNSELOR RECEIVED:

2/9/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/15





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016 x 0540

## INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

WILLIAMS

INMATE FIRST NAME (Primer Nombre):

Thermain

ID Number (# de identificación):

2014/21-3039

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 Medical Prescription

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

100% Supt.

FALSE STATEMENT  
2/10/16  
2/21/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

DETAINEE DID NOT HAVE AN ACTIVE ALERT IN CCOMS FOR A  
CAME ON 1/20/2016. HIS CAME ALERT EXPIRED 1/12/2016 AND ANOTHER ALERT  
WAS NOT ISSUED UNTIL 4/30/2016 ← FALSE STATEMENT (OBSERVE ALL DATES)

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LT. MCCOY

SIGNATURE:

L. McCoy

DIV. / DEPT.

10

DATE:

3/28/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

C. M. Johnson

SIGNATURE:

C. M. Johnson

DIV. / DEPT.

CCOM/10

DATE:

28/1/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Thermain Williams

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

4/12/16

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):

2/1/16

DATE OF APPEAL

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

I have a grievance regarding my medical prescription. I was not given a proper medical prescription and I was not given a proper medical prescription. I was not given a proper medical prescription and I was not given a proper medical prescription.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o su designado(a)):

Original Response to Stand - ISSU re-addressed.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

J. Miller

SIGNATURE (Firma del Administrador o su Designado(a)):

J. Miller

DATE OF RESPONSE TO APPEAL

DATE (Fecha):

4/12/16

INMATE SIGNATURE (Firma del Preso):

Thermain Williams

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelacion):

4/12/16



**COOK COUNTY SHERIFF'S OFFICE**  
(Oficina del Alguacil del Condado de Cook)☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

20152716

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

WILLIAMS

INMATE FIRST NAME (Primer Nombre):

Tremain

ID Number (# de identificación):

20141213039

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Cermak

DATE REFERRED:

5/27/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Records indicate you received an order for the pain  
You were seen by provider on 5/21 and referred to  
orthopedology. Please keep all appointments.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Tremain Williams

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

6/15/15

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

6/15/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I am consistently falling on my leg  
Back, Seve is in constant pain, I am still subjected to  
being without my cane, and the doctors orders are to have  
cane at all times due to my nerve damage & pins in my other leg

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (SI)

No

¿Apelación del detenido aceptada por el administrador o su designado(a)?

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

You do not have an order for cane - may allow at all times  
However cannot provide evidence to prove or disprove  
your allegations & behavior of staff.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

Susan Shebol

Susan Shebol

6/26/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):

7/2/15



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**! This section is to be completed by Program Services staff - ONLY !**    (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

**DIVISION** (*División*):

LIVING UNIT (*Unidad*):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
  - \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
  - \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- \* *Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.*
- \* *Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.*
    - \* *Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.*

PLEASE INCLUDE:      Date of Incident      -      Time of Incident      -      Specific Location of Incident  
(Por Favor, Incluya:      Fecha Del Incidente      -      Hora Del Incidente      -      Lugar Especifico Del Incidente)

[illegible]

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

To see a doctor about my pain in my back & to have my walking cane back

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

**SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.**

CRW/PLATOON COUNSELOR (Print):

SIGNATURE: \_\_\_\_\_

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE: \_\_\_\_\_

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

**!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)**

**GRIEVANCE FORM PROCESSED AS:**

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

---

*Program Services Supervisor Approving Non-Grievance (Request) Signature*

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (*Primer Nombre*):

ID Number (# de identificación):

DIVISION (*División*):

LIVING UNIT (*Unidad*):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
- \* *Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.*
- \* *Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.*
- \* *Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.*

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

**ACTION THAT YOU ARE REQUESTING** (*Acción que esta solicitando*):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

**SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.**

CRW / PLATOON COUNSELOR (Print):

SIGNATURE: \_\_\_\_\_

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE: \_\_\_\_\_

DATE REVIEWED:





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

|  |                                     |   |
|--|-------------------------------------|---|
| PRINT - INMATE LAST NAME (Apellido del Preso): | PRINT - FIRST NAME (Primer Nombre): | INMATE BOOKING NUMBER (# de identificación del detenido): |
| Williams                                       | Tremain                             | 2014123039  |
| DIVISION (División):                           | LIVING UNIT (Unidad):               | DATE (Fecha):   |
| TEN  | I-D                                 | 1-21-2016   |

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario.

|   |  |   |
|---|--|---|
| DATE OF INCIDENT (Fecha Del Incidente): | TIME OF INCIDENT (Hora Del Incidente): | SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): |
| 1/21/2016                               | 12:11 PM                               | RTU Building Stairs   |

ON ABOVE DATE AT APPROXIMATE TIME, I INMATE WILLIAM WILSON WAS HEADING TO COURT AND I HAD A WALKING CANE THAT I NEEDED IT, I ALSO INFORMED CHARTERIS I HAD STIFFER THAT I HAD MY CANE WITH ME. NEITHER OF THESE ADMINISTRATIVE OFFICERS GAVE ME MY CANE AS A RESULT WHEN I CAME BACK FROM COURT I SLIPPED DOWN THE STAIRS INJURING MY HAND & BACK. AGAIN, I HAD TO BE TAKING TO CERMAK BY TRANSPORT OFFICERS IN COURT.

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

to have my cane at "All" times as it is prescribed & to have medical attention about my back & hand

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

|   |   |
|---|---|
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:<br>(Nombre del personal o presos que tengan información): | INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): |
| Officer Gonzalez 7 to 3 shift   | Tremain Williams                                    |

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

|   |             |                                      |
|---|-------------|--------------------------------------|
| CRW/PLATOON COUNSELOR (Print):            | SIGNATURE:  | DATE CRW/PLATOON COUNSELOR RECEIVED: |
| W. McNeil                                 | [Signature] | 1/21/16                              |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): | SIGNATURE:  | DATE REVIEWED:                       |
| [Signature]                               | [Signature] | [Signature]                          |





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

## INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

WILLIAMS

INMATE FIRST NAME (Primer Nombre):

Tremain

ID Number (# de identificación):

20141213039

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330 Security Procedures

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

5/16/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

DETAINEE WAS TOLD A CAFE ALERT IN CCMS 4/30/2015 AND ALLOWED THE CAFE. 2/14  
DATE TO DETAINEE ON 5/1/2015 AND SAID HE WAS "TREATED" FOR INJURIES.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Lt. KEDDICK

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

5/1/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

[Signature]

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

5/19/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

5/12/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su Designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su Designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelacion):





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

2015x0783

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical - treat ment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

According to our records, you were seen by a care provider on 02/03/15 and on 2/4/15 both of whom assessed you, reviewed your X-ray results and put you on pain medications and

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

A.N.

[Signature]

2/13/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

[Signature]

2/15/2015

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

2/11/15. You saw a physical therapist





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☒ NON-GRIEVANCE

CONTROL #

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Williams

Tremain

20141213439

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 Medical Prescription

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Cermak

5/1/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

RETURN FROM RTU

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

|   |  |  |
|---|--|--|
| PRINT - INMATE LAST NAME (Apellido del Preso):<br><u>Williams</u> | PRINT - FIRST NAME (Primer Nombre):<br><u>Tremaine</u> | ID Number (# de identificación):<br><u>2011012</u> |
| DIVISION (División):<br><u>10</u>                                 | LIVING UNIT (Unidad):<br><u>3D</u>                     | DATE (Fecha):<br><u>5/5/15</u>                     |

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

\* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

In Division 10 on 3D at approximately 10:30pm on April 7, 2015, Officer (Unit #) 7103 shall notified me to turn over my walking cane. I informed this C/O that I want to keep my cane at all times due to my disability & injury. 8 doctors orders, I asked to speak to a unit manager, sergeant but that time Lieutenant Johnson 7103 & Sergeant Duddy 7103 that came to 3D & ordered me to give my cane - even after I informed them also that the doctors orders said I can't give up my cane at all times, on May 2nd 2015 while in the inmates bathroom on 3D I slipped & hurt my back in an awkward way & busted the top of my eye in a terrible fall, even though C/O Wussbaum 31011 shift sent me to see the nurse on the 2nd shift. In April 2015, he has refused to give me my walking cane - along with Sergeant Crump 7103 Shift. Despite my constant pain & unstable balance, 8 doctors orders.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

To be seen by a doctor and to have my eye

back &amp; leg, and to have my walking cane returned

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

|  |                                  |   |
|--|----------------------------------|---|
| CRW/PLATOON COUNSELOR (Print):<br><u>McGee</u> | SIGNATURE:<br><u>McGee</u>       | DATE CRW/PLATOON COUNSELOR RECEIVED:<br><u>5/6/15</u> |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):      | SIGNATURE:<br><u>[Signature]</u> | DATE REVIEWED:<br><u>1/1/15</u>                       |



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

**INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

WILLIAMS

INMATE FIRST NAME (Primer Nombre):

IREMAIN

ID Number (# de identificación):

20141213039

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE // REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Cermak

DATE REFERRED:

3/11/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

According to our records you have an upcoming appointment to see medical within two weeks

PERSONNEL RESPONDING TO GRIEVANCE (Print):

A-N

SIGNATURE:

E

DIV. / DEPT.:

DATE:

3/11/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

1/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Please to see medical

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

4/10/15

**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

\_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su ap)

\_\_\_\_/\_\_\_\_/\_\_\_\_




**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

NA

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Tremain

ID Number (# de identificación):

20141213039

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 medical treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Cermak

DATE REFERRED:

3/25/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

According to your records you were seen by medical on 3/31/15

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

En

DIV. / DEPT.

DATE:

4/1/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

1/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Refuse to sign (signature)

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

4/1/15

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su ap):





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

WILLIAMS

TOMLIN

20141213039

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

Please see attachment regarding previous submission

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

There is no documentation of a fall in the shower by inmate WILLIAMS on 12/29/14. There was no medical alert for a cane until 1/12/15.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

Lt. Munda

[Signature]

X 7-3

3/11/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

G10

[Signature]

10

3/12/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Refuse to sign

3/9/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Thomson

ID Number (# de identificación):

20141213039

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Medical Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Cermak

DATE REFERRED:

1/16/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Primary Care Clinic appt within a week. Please address your concerns during this visit.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

A.N.

SIGNATURE:

[Signature]

DIV./DEPT.

DATE:

01/09/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

01/14/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):



## Orders

Patient : WILLIAMS, TREMAIN  
Address : [REDACTED] HSE  
CHICAGO, IL 60628  
Phone : (773) [REDACTED]

Med Rec # : 00154609z  
DOB : [REDACTED]  
Sex : Male  
Physician :

### Active Non-Medications

tion

#### al Health Classification

P2 - Outpatient Mental Health, 12/23/14 13:34:00

#### al Classification

1 - DXD Medical, 02/03/15 11:07:00

#### CCDOC

/21/15 9:58:00, Cane, Routine, 52, WEEK, 05/19/16 9:57:00, allow at all times — SECOND EVALUATION

#### Orders

\* Orderable (generic) (AM labs, please give AM dose of Depakote after lab draw, thanks!)

03/15 6:00:00, Routine, AM labs, please give AM dose of Depakote after lab draw, thanks!, Stop Date/Time:

01/03/15 6:00:00

Nursing Orderable (generic) (AM Labs--give AM dose of Depakote after lab draw, thanks!)

08/19/15 6:00:00, Routine, AM Labs--give AM dose of Depakote after lab draw, thanks!, Stop Date/Time: 08/19/6:00:00

### Consults/Referrals

#### Referral to Psychiatry

Routine, 01/02/15 8:30:00

#### Referral to Physical Therapy

Priority, 12/25/14 0:00:00

#### Referral to Mental Health

Urgent, 05/08/15 0:00:00, HSR Follow Up, 05/08/15 0:00:00

#### Follow Up to Psychiatry

Routine, 12/21/15 8:30:00, 12/21/15 8:30:00

#### Follow Up to Psychiatry

Routine, 08/14/15 8:30:00, 08/14/15 8:30:00

#### Follow Up to Psychiatry

Routine, 02/17/15 8:30:00

#### Follow Up to Primary Care

Routine, 11/16/15 8:00:00, 11/16/15 8:00:00

#### Follow Up to Physical Therapy

Routine, 09/22/15 0:00:00, 09/22/15 0:00:00

#### Follow Up to Dental

Routine, 12/15/15 8:00:00, 12/15/15 8:00:00

#### Follow Up to Dental

Routine, 06/23/15 9:00:00, 06/23/15 9:00:00



#  
Tremain Williams K67325  
Illinois River Corr Ctr  
P.O. Box 999  
Canton, IL 61520



Legal Mail  
**INSPECTED**  
**U.S. Marshals**

16-cv-7782  
Judge Rebecca R. Pallmeyer  
Magistrate Judge Jeffrey T. Gilbert  
PC8

LEGAL MAIL

RECEIVED

AUG 01 2016  
THOMAS G. BAUTON  
CLERK, U.S. DISTRICT COURT

Prisoner Correspondance  
United States District Court  
219. So. Dearborn street  
Chicago, IL 60604

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